

# 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

PAGE 1 OF 1  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>314 PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00567800		
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report			<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		
Full Name of Payee <b>Bergmann Zwerdling Direct</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>04 / 19 / 2016</b>		
Mailing Address <b>1015 18th St NW Ste 500</b>			Amount <b>23933.70</b>		
City <b>Washington</b>		State <b>DC</b>	Zip Code <b>20036</b>		
Purpose of Expenditure <b>Direct Mail</b>		Category/Type		Transaction ID : <b>WFT2016381752-1</b> Date of Disbursement or Obligation MM / DD / YYYY <b>04 / 18 / 2016</b>	
Name of Federal Candidate <b>Santarsiero Steven</b>			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: <b>08</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>PA</b>		
Calendar Year-To-Date Per Election for Office Sought <b>89409.47</b>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee			Date of Public Distribution/Dissemination		
Mailing Address			Amount		
City		State	Zip Code		
Purpose of Expenditure		Category/Type		Date of Disbursement or Obligation	
Name of Federal Candidate			<input type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<b>23933.70</b>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶					
(c) TOTAL Independent Expenditures..... ▶			<b>23933.70</b>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>May Jennifer</u> <div style="text-align: right;">[Electronically Filed]</div>			Date MM / DD / YYYY <b>04 / 19 / 2016</b>		